CARITAS FAMILY SOLUTIONS

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)
PERSONNEL TRANSMITTAL/CHANGE FORM

Only enter your Name, Birthdate, and SSN on this page.

TO: HR Department, Caritas Family Solutions

FROM:

Date:

Senior Participant: Payroll Number:

Birthdate: / / Social Security Number: - -

Host Agency:

****

☐ HIRED: Start Date: Position:

Supervisor Pay Rate:

☐ TERMINATED: Termination Date:

Reason for Termination:

****

☐ TRANSFERRED: Effective Date:

Reason for Transfer:

****

☐ SALARY CHANGE: Effective Date: New Pay Rate:

☐ ADDRESS

☐ TELEPHONE:

☐ OTHER INFORMATION: ☐ RACE:

Thank you very much for your cooperation. If you have any questions, you may call me at:

Revised 08/27/2017

Table B reflects poverty limits used to determine whether an individual or family is at or below the poverty level for the District of Columbia and all states except Alaska and Hawaii as recorded on the SCSEP Participant Form, which is available in this manual's Appendix II or on the partners' page of SSAI's website at http://seniorserviceamerica.org.

TABLE A: SCSEP Income Eligibility 125 Percent of Poverty		TABLE B: Poverty Levels 100 Percent of Poverty	
Number in Family	**Annual Income Limits**	**Number in Family**	**100 Percent of Poverty**
1	$15,950	1	$12,760
2	$21,550	2	$17,240
3	$27,150	3	$21,720
4	$32,750	4	$26,200
5	$38,350	5	$30,680
6	$43,950	6	$35,160
7	$49,550	7	$39,640
8	$55,150	8	$44,120
For families of more than eight, add $5,600 for each additional member.		For families of more than eight, add $4,480 for each additional member.	

Source: Office for the Assistant Secretary for Planning and Evaluation, U.S. Dept. of Health & Human Services. These limits are retroactive to January 15,2020.

PHOTO COPY DOCUMENTATION LISTED BELOW

THAT APPLIES

ENROLLEE ONLY DOCUMENTATION:

Enrollee:	proof of Income, copy of driver's license and social security card

ENROLLEE with ADDITIONAL FAMILY MEMBERS:

Enrollee/each additional Family member:	proof of income, copy of driver's license and social security card for each member of the household

PROOF OF SOCIAL SECURITY INCOME MUST HAVE 2 PAGES ON THE AWARD LETTER: THIS CAN BE AN ADDITIONAL 3+ DOCUMENTS

Subgrantee No. Site 063 **Participant's Name:**

Senior Community Service Employment Program

Income Worksheet for (check one):

☐ **Participant** ☐ **Other Family Member** (name):

☐ **Spouse** (name): **Family Size:**

Type of Action (Check one)

☐ Enrollment ____/____/____ MM DD YYYY

☐ Recertification ____/____/____ MM DD YYYY

Dollar Amounts or Zeroes are required in each box below.

Do Not Round

Includable Incomes & Documents used to verify	Month-Year	Month-Year	Month-Year	Month-Year	Month-Year	Month-Year	Months 1 through 6 Total
Social Security Gross							$0.00
Exclude 25% from Social Security Gross							$0.00
Net (75% of Social Security Gross)							$0.00
Wages and Salary							$0.00
Self Employment Income							$0.00
Survivors Benefits							$0.00
Pension/Retirement Income							$0.00
Interest Income							$0.00
Dividends							$0.00
Rents/Royalties/Estates and Trusts							$0.00
Educational Assistance							$0.00
Alimony							$0.00
Financial Assistance from Outside the Household							$0.00
Other Includable Income							$0.00
					Months 1 through 6 Subtotal		**$0.00**

Continued on Page Two

Select the method of computing income ☐ **12 months or** ☐ **6 months (if you use 6 months be sure to annualize in the Grand Total)**

Case Notes: _____

Case notes required to document zero family income:

Initials:_____ Date:____/____/____ Page 4 of 56

Subgrantee No. Site 063 **Participant's Name:**

Senior Community Service Employment Program

Income Worksheet for (check one):

☐ **Participant** ☐ **Other Family Member** (name):

☐ **Spouse** (name): **Family Size:**

Type of Action (Check one)

☐ Enrollment ___/___/___ MM DD YYYY

☐ Recertification ___/___/___ MM DD YYYY

Dollar Amounts or Zeroes are required in each box below.

Do Not Round

Includable Incomes & Documents used to verify	Month-Year	Month-Year	Month-Year	Month-Year	Month-Year	Month-Year	Months 7 through 12 Total
Social Security Gross							$0.00
Exclude 25% from Social Security Gross							$0.00
Net (75% of Social Security Gross)							$0.00
Wages and Salary							$0.00
Self Employment Income							$0.00
Survivors Benefits							$0.00
Pension/Retirement Income							$0.00
Interest Income							$0.00
Dividends							$0.00
Rents/Royalties/Estates and Trusts							$0.00
Educational Assistance							$0.00
Alimony							$0.00
Financial Assistance from Outside the Household							$0.00
Other Includable Income							$0.00

Based on the income eligibility guidelines, (Check only one): ☐ **Eligible** ☐ **Ineligible** (New: Participants found non-income-eligible at Recertification qualify as "Excludable." Please capture on Page 1 of Exit Form, #6. 1. ix.)

Months 7 through 12 Subtotal	**$0.00**
Months 1 through 12 Grand Total	

Signature Date: ___/___/___ MM DD YYYY

Participant's Signature:

Interviewer's Signature:

Interviewer's Title:

Project Staff Signature:

Initials:_____ Date:____/____/____

Revised: September 2018

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

►START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)*

Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Other Last Names Used *(if any)*

Address *(Street Number and Name)*	Apt. Number	City or Town	State	ZIP Code

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	Employee's E-mail Address	Employee's Telephone Number
/ /	- -		

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States *(See instructions)*

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number):

☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):
Some aliens may write "N/A" in the expiration date field. *(See instructions)*

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

OR

3. Foreign Passport Number: _____

Country of Issuance: _____

QR Code - Section 1
Do Not Write In This Space

Signature of Employee	Today's Date *(mm/dd/yyyy)*

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator	Today's Date *(mm/dd/yyyy)*

Last Name *(Family Name)*	First Name *(Given Name)*

Address *(Street Number and Name)*	City or Town	State	ZIP Code

STOP *Employer Completes Next Page* STOP

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name *(Family Name)*	First Name *(Given Name)*	M.I.	Citizenship/Immigration Status

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date *(if any) (mm/dd/yyyy)*		Expiration Date *(if any) (mm/dd/yyyy)*		Expiration Date *(if any) (mm/dd/yyyy)*
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any) (mm/dd/yyyy)*				
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any) (mm/dd/yyyy)*				

Additional Information

QR Code - Sections 2 & 3
Do Not Write In This Space

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment *(mm/dd/yyyy)*: _____ ***(See instructions for exemptions)***

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative
		DIRECTOR OF HUMAN RESOURCES

Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name
WILLIAMS	LYNN R.	CARITAS FAMILY SOLUTIONS

Employer's Business or Organization Address (*Street Number and Name*)	City or Town	State	ZIP Code
8601 WEST MAIN STREET SUITE 201	BELLEVILLE	IL	62223

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name *(if applicable)*			**B.** Date of Rehire *(if applicable)*
Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Date *(mm/dd/yyyy)*

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date *(if any) (mm/dd/yyyy)*

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Name of Employer or Authorized Representative

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		**1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**3.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		**5.** U.S. Military card or draft record		**5.** U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		**6.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
▶ **Give Form W-4 to your employer.**
▶ **Your withholding is subject to review by the IRS.**

OMB No. 1545-0074

2020

Step 1: Enter Personal Information

(a) First name and middle initial | Last name | **(b) Social security number**

Address

City or town, state, and ZIP code

▶ **Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.

(c)
- ☐ **Single or Married filing separately**
- ☐ **Married filing jointly** (or Qualifying widow(er))
- ☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶ ☐

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents

If your income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 ▶ $

Multiply the number of other dependents by $500 . . . . ▶ $

Add the amounts above and enter the total here . . . . . **3** $ 0

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** $

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . **4(b)** $ 0

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . **4(c)** $ 0

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ _____ **Employee's signature** (This form is not valid unless you sign it.) ▶ **Date**

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to *www.irs.gov/FormW4*.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 **and** you expect to have no federal income tax liability in 2020. You

had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not

required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at *www.irs.gov/W4App* if you:

1. Expect to work only part of the year;

2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;

3. Have self-employment income (see below); or

4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at *www.irs.gov/W4App* to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.

Multiple jobs. *Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.*

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than $120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at *www.irs.gov/W4App*.

1	**Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3	1	$
2	**Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.		
	a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a	2a	$
	b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b	2b	$
	c Add the amounts from lines 2a and 2b and enter the result on line 2c	2c	$ 0
3	Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.	3	
4	**Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld)	4	$

Step 4(b)—Deductions Worksheet *(Keep for your records.)*

1	Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 10% of your income	1	$
2	Enter: • $24,800 if you're married filing jointly or qualifying widow(er) • $18,650 if you're head of household • $12,400 if you're single or married filing separately	2	$
3	If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-"	3	$
4	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information	4	$
5	**Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4	5	$ 0

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$220	$850	$900	$1,020	$1,020	$1,020	$1,020	$1,020	$1,210	$1,870	$1,870
$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$460	$940	$1,020	$1,020	$1,470	$1,870	$1,870	$1,870	$1,870	$2,040	$2,040	$2,040
$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$830	$930	$1,020	$1,020	$1,020	$1,480	$1,870	$1,870	$1,930	$2,040	$2,040
$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240

Illinois Department of Revenue

Form IL-W-4

Employee's and other Payee's Illinois Withholding Allowance Certificate and Instructions

Note: These instructions are written for employees to address withholding from wages. However, this form can also be completed and submitted to a payor if an agreement was made to voluntarily withhold Illinois Income tax from other (non-wage) Illinois income.

Who must complete Form IL-W-4?

If you are an employee, you must complete this form so your employer can withhold the correct amount of Illinois Income Tax from your pay. The amount withheld from your pay depends, in part, on the number of allowances you claim on this form.

Even if you claimed exemption from withholding on your federal Form W-4, U.S. Employee's Withholding Allowance Certificate, because you do not expect to owe any federal income tax, you may be required to have Illinois Income Tax withheld from your pay (see Publication 130, Who is Required to Withhold Illinois Income Tax). If you are claiming exempt status from Illinois withholding, you must check the exempt status box on Form IL-W-4 and sign and date the certificate. Do not complete Lines 1 through 3.

If you are a resident of Iowa, Kentucky, Michigan, or Wisconsin, or a military spouse, see Form W-5-NR, Employee's Statement of Nonresidence in Illinois, to determine if you are exempt.

Note If you do not file a completed Form IL-W-4 with your employer, if you fail to sign the form or to include all necessary information, or if you alter the form, your employer must withhold Illinois Income Tax on the entire amount of your compensation, without allowing any exemptions.

When must I submit this form?

You should complete this form and give it to your employer on or before the date you start work. You must submit Form IL-W-4 when Illinois Income Tax is required to be withheld from compensation that you receive as an employee. You may file a new Form IL-W-4 any time your withholding allowances increase. If the number of your claimed allowances decreases, you **must** file a new Form IL-W-4 within 10 days. However, the death of a spouse or a dependent does not affect your withholding allowances until the next tax year.

When does my Form IL-W-4 take effect?

If you do not already have a Form IL-W-4 on file with your employer, this form will be effective for the first payment of compensation made to you after this form is filed. If you already have a Form IL-W-4 on file with this employer, your employer may allow any change you file on this form to become effective immediately, but is not required by law to change your withholding until the first payment of compensation is made to you after the first day of the next calendar quarter (that is, January 1, April 1, July 1, or October 1) that falls at least 30 days after the date you file the change with your employer.

Example: If you have a baby and file a new Form IL-W-4 with your employer to claim an additional allowance for the baby, your employer may immediately change the withholding for all future payments of compensation. However, if you file the new form on September 1, your employer does not have to change your withholding until the first payment of compensation is made to you after October 1. If you file the new form on September 2, your employer does not have to change your withholding until the first payment of compensation made to you after December 31.

How long is Form IL-W-4 valid?

Your Form IL-W-4 remains valid until a new form you have submitted takes effect or until your employer is required by the Department to disregard it. Your employer is required to disregard your Form IL-W-4 if

- you claim total exemption from Illinois Income Tax withholding, but you have not filed a federal Form W-4 claiming total exemption, or
- the Internal Revenue Service (IRS) has instructed your employer to disregard your federal Form W-4.

What is an "exemption"?

An "exemption" is a dollar amount on which you do not have to pay Illinois Income Tax that you may claim on your Illinois Income tax return.

What is an "allowance"?

The dollar amount that is exempt from Illinois Income Tax is based on the number of allowances you claim on this form. As an employee, you receive one allowance unless you are claimed as a dependent on another person's tax return (*e.g.,* your parents claim you as a dependent on their tax return). If you are married, you may claim additional allowances for your spouse and any dependents that you are entitled to claim for federal income tax purposes. You also will receive additional allowances if you or your spouse are age 65 or older, or if you or your spouse are legally blind.

Note: For tax years beginning on or after January 1, 2017, the personal exemption allowance, and additional allowances if you or your spouse are age 65 or older, or if you or your spouse are legally blind, may **not** be claimed on your Form IL-1040 if your adjusted gross income for the taxable year exceeds $500,000 for returns with a federal filing status of married filing jointly, or $250,000 for all other returns. You may complete a new Form IL-W-4 to update your exemption amounts and increase your Illinois withholding.

How do I figure the correct number of allowances?

Complete the worksheet on the back of this page to figure the correct number of allowances you are entitled to claim. Give your completed Form IL-W-4 to your employer. Keep the worksheet for your records.

Note If you have more than one job or your spouse works, your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

How do I avoid underpaying my tax and owing a penalty?

You can avoid underpayment by reducing the number of allowances or requesting that your employer withhold an additional amount from your pay. Even if your withholding covers the tax you owe on your wages, if you have non-wage income that is taxable, such as interest on a bank account or dividends on an investment, you may have additional tax liability. If you owe more than $500 tax at the end of the year, you may owe a late-payment penalty or will be required to make estimated tax payments. For additional information on penalties see Publication 103, Uniform Penalties and Interest. Visit our website at **tax.illinois.gov** to obtain a copy.

Where do I get help?

- Visit our website at **tax.illinois.gov**
- Call our Taxpayer Assistance Division at **1 800 732-8866** or **217 782-3336**
- Call our TDD (telecommunications device for the deaf) at **1 800 544-5304**
- Write to
  ILLINOIS DEPARTMENT OF REVENUE
  PO BOX 19044
  SPRINGFIELD IL 62794-9044

Use your mouse or Tab key to move through the fields. Use your mouse or space bar to enable check boxes.

Illinois Withholding Allowance Worksheet

General Information

Use this worksheet as a guide to figure your total withholding allowances you may enter on your Form IL-W-4.

Complete Step 1.

Complete Step 2 if

- you (or your spouse) are age 65 or older or legally blind, or
- you wrote an amount on Line 4 of the Deductions and Adjustments Worksheet for federal Form W-4.

If you have more than one job or your spouse works, your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

You may reduce the number of allowances or request that your employer withhold an additional amount from your pay, which may help avoid having too little tax withheld.

Step 1: Figure your basic personal allowances (including allowances for dependents)

Check all that apply:

- ☐ No one else can claim me as a dependent.
- ☐ I can claim my spouse as a dependent.

1 Enter the total number of boxes you checked. 1

2 Enter the number of dependents (other than you or your spouse) you will claim on your tax return. 2

3 Add Lines 1 and 2. Enter the result. This is the total number of basic personal allowances to which you are **entitled**. You are not required to claim these allowances. The number of basic personal allowances that you choose to claim will determine how much money is withheld from your pay. See Line 4 for more information. 3

4 Enter the total number of basic personal allowances you choose to claim on this line and Line 1 of Form IL-W-4 below. This number may not exceed the amount on Line 3 above, however you can claim as few as zero. Entering lower numbers here will result in more money being withheld(deducted) from your pay. 4

Step 2: Figure your additional allowances

Check all that apply:

- ☐ I am 65 or older.
- ☐ My spouse is 65 or older.
- ☐ I am legally blind.
- ☐ My spouse is legally blind.

5 Enter the total number of boxes you checked. 5

6 Enter any amount that you reported on Line 4 of the Deductions and Adjustments Worksheet for federal Form W-4 plus any additional Illinois subtractions or deductions. 6

7 Divide Line 6 by 1,000. Round to the nearest whole number. Enter the result on Line 7. 7

8 Add Lines 5 and 7. Enter the result. This is the total number of additional allowances to which you are **entitled**. You are not required to claim these allowances. The number of additional allowances that you choose to claim will determine how much money is withheld from your pay. 8

9 Enter the total number of additional allowances you elect to claim on Line 2 of Form IL-W-4, below. This number may not exceed the amount on Line 8 above, however you can claim as few as zero. Entering lower numbers here will result in more money being withheld(deducted) from your pay. 9

IMPORTANT: If you want to have additional amounts withheld from your pay, you may enter a dollar amount on Line 3 of Form IL-W-4 below. This amount will be deducted from your pay in addition to the amounts that are withheld as a result of the allowances you have claimed.

✂ — — — — — — — — Cut here and give the certificate to your employer. Keep the top portion for your records. — — — — — — — — ✂

Illinois Department of Revenue

IL-W-4 Employee's Illinois Withholding Allowance Certificate

Social Security number

Name

Street address

City State ZIP

Check the box if you are exempt from federal and Illinois Income Tax withholding and sign and date the certificate. ☐

1 Enter the total number of basic allowances that you are claiming (Step 1, Line 4, of the worksheet). 1

2 Enter the total number of additional allowances that you are claiming (Step 2, Line 9, of the worksheet). 2

3 Enter the additional amount you want withheld (deducted) from each pay. 3

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Your signature Date

Employer: Keep this certificate with your records. If you have referred the employee's federal certificate to the IRS and the IRS has notified you to disregard it, you may also be required to disregard this certificate. Even if you are not required to refer the employee's federal certificate to the IRS, you still may be required to refer this certificate to the Illinois Department of Revenue for inspection. See Illinois Income Tax Regulations 86 Ill. Adm. Code 100.7110.

This form is authorized under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

IL-W-4 (R-08/17)

SCSEP Participant Application

Applicant Name: _____ Date: _____

Address: _____ E-mail: _____

City/ST/Zip: _____ Phone #: _____

What is your county of residence? _____

DATA VALIDATION DOCUMENTATION

Must Provide 5 Items

- ☐ Driver's License
- ☐ State Identification
- ☐ Social Security Card
- ☐ Other (Please List) _____
- ☐ Auto Insurance
- ☐ Voided Check or Letter from Banking Institution
- ☐ Resume

AGE

1. Are you 55 or older? ☐ Yes ☐ No

1b. What is your Date of Birth? ____/____/____

EDUCATION ***Official Transcript Must Be Provided.***

2. What is your highest level of completion?

☐ High School ☐ College (Did you graduate) ☐ Yes ☐ No ☐ Post Graduate ☐ Technical ☐ GED

EMPLOYMENT STATUS

3. Are you currently employed? ☐ Yes ☐ No

Do you have personal internet access? ☐ Yes ☐ No

If yes: ☐ Home computer ☐ Smart phone/device

INCOME* ☐ Married ☐ Single

If the person is married, you need to include the spouse's income for the past 6 months from today and multiply by 2 (annualize) in the calculation of income eligibility.

4. Do you live in the same house with your spouse? ☐ Yes ☐ No

5. Do you live with any other family members? ☐ Yes ☐ No If yes, how many? _____

6. What is your total income for the past 6 months from today? [Include income of spouse and other relatives (if dependent = if they are claimed on taxes) if they live in same house] $_____

Includable Incomes	Applicant	Spouse	Other
Social Security Gross			
Exclude 25% from Social Security Gross			
Net (75% of Social Security Gross)			
Wages and Salary			
Self-Employment Income			
Survivors Benefits			
Pension/Retirement Income			
Interest Income			
Dividends			
Rents/Royalties/Estates and Trusts			
Educational Assistance			
Alimony			
Financial Assistance from Outside the Household			
Other Income			

SCSEP Participant Application (cont.)

ENROLLMENT PRIORITY

Do any of the following items apply to you?

- Are you a veteran or "qualified " spouse of a veteran (MIN)
- Are you age 65 or older
- Are you Homeless or at risk of being homeless(MIN)
- Do you reside in a rural area(MIN)
- Do you consider yourself a person with a disability(MIN)
- Do you have limited English proficiency (LEP)(MIN)
- Do you consider your reading, writing and speaking abilities to be above the 8th grade education level? (MIN)
- Do you have what you consider to be a barrier to obtaining employment?(MIN) Describe this barrier(s):

- Have you been assigned a case manager at the local workforce investment services program (One Stop) and failed to find employment after using their services? (MIN)

MOST-IN-NEED CHARACTERISTICS

(All of the following items will require documentation at the time of enrollment)

- Do you consider yourself a person with a severe disability, meaning do you have a severe, chronic disability attributable to mental or physical impairment that is likely to continue indefinitely or result in substantial function limitation in three major life activities?
- Are you unable to perform at least two activities of daily living without prompting or verbal cueing? (Frail)
- Are you age 75 or older?
- Are you old enough for Social Security retirement but not receiving it?
- Do you have at least two or more barriers to obtaining employment? And, does the person live in an area of persistent unemployment (check with DOL for qualified counties?)

7. What kind of employment are you looking for? (Please list 3 positions)

PLEASE LIST YOUR MOST RECENT EMPLOYMENT EXPERIENCES *(10 Years Minimum)*

Company / Organization:
Address:
Position / Job Title:
Supervisor's Name:
Duties & Responsibilities:
Reason for Leaving:

Company / Organization:
Address:
Position / Job Title:
Supervisor's Name:
Duties & Responsibilities:
Reason for Leaving:

8. Do you have a resume? Yes No

CARITAS FAMILY SOLUTIONS

SENIOR SERVICE AMERICA

SCSEP Participant Application

Complete Only If Needed

MOST RECENT EMPLOYMENT EXPERIENCES (Continued)

Company / Organization:
Address:
Position / Job Title:
Supervisor's Name:
Duties & Responsibilities:

Reason for Leaving:

Company / Organization:
Address:
Position / Job Title:
Supervisor's Name:
Duties & Responsibilities:

Reason for Leaving:

Company / Organization:
Address:
Position / Job Title:
Supervisor's Name:
Duties & Responsibilities:

Reason for Leaving:

Company / Organization:
Address:
Position / Job Title:
Supervisor's Name:
Duties & Responsibilities:

Reason for Leaving:

SSAI SCSEP Participant Form

OMB Approval Number: 1205-0040
Expiration Date: Not Applicable

Fields marked with ◆ indicate a data validation field.

MIN = Most in Need Factor

You must secure acceptable validation documentation.
See the SSAI Data Validation Checklist for further instructions.

Shaded areas indicate data fields that are optional.

Participant Information

1. Last name: _____
2. First name: _____
3. Middle initial: ____
4. Social Security #: _____ - _____ - _____
4a. Participant ID: _____
Participant ID Number assigned by SPARQ
5. Home phone _____
If participant only has a cell phone, please insert Here as Home Number.
5a. Cell phone _____
6. Mailing address:
a. Number and Street, Apt. Number; or PO Box
b. City
c. State◆
d. ZIP Code
e. County

6c. ◆DV TIP
Document used to verify (drivers' license, Governmental ID card, official government mail dated within last 30 days, bank statement, other)

6a. Participant's e-mail address: _____
6b. Emergency contact: Name_____ Phone: _____
Relationship _____
7. State of residence if different from mailing address _____

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(Revised February 2015; replaces prior versions)

This reporting requirement is approved under the Paperwork Reduction Act of 1995, OMB Control No. 1205-0040. Persons are not required to respond to this collection of information unless it displays a currently valid OMB number. Public reporting burden for this collection of information required to obtain or retain benefits (PL 109-365 Sec 501-518) is estimated to average twelve (12) minutes per response; including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden, to the U.S. Department of Labor, Division of Adult Services, Room S-4203, 200 Constitution Avenue, NW, Washington, DC 20210 (PRA Project 1205-0040).

Participant Name _____ **Page 1**
Last **First** **Middle**

SSAI SCSEP Participant Form

OMB Approval Number: 1205-0040
Expiration Date: Not applicable

Fields marked with ◆ indicate a data validation field. **MIN = Most in Need Factor**

You must secure acceptable validation documentation.
See the SSAI Data Validation Checklist for further instructions.

Shaded areas indicate data fields that are optional.

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8. Homeless◆ (MIN) ☐ Yes◆ ☐ No

8. ◆Definition & DV TIP
An individual who lacks a fixed, regular and adequate night-time residence or who has a primary night time residence that is either a supervised, publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters and transitional housing for the mentally ill) or a temporary residence for individuals intended to be institutionalized, or a public or private place not designed or ordinarily used as regular sleeping accommodation for people. Document used to verify (self-attest form).

8a. Urban/rural ☐ Urban ☐ Rural (MIN)◆

8a. ◆Definition & DV TIP
No documentation needed. Auto validated.

9. Application date for enrollment or re-enrollment _____ (MM/DD/YYYY)

Eligibility Information

10. Date of birth:◆ ___/___/____ (MM/DD/YYYY)

10. ◆DV TIP
Document used to verify (Driver's license, birth certificate, DD-214, marriage license or divorce decree, passport, Social Security Award letter, work permit, other)

11. Number in family: _____◆

11. ◆DV TIP
Document used to verify (family size form, official government records such as: a lease or HUD form, other)

12. Receiving public assistance? (Check as many as apply)

☐ a. No
☐ b. Supplemental Security Income (SSI)
☐ c. TANF
☐ d. State or local welfare (General Assistance)
☐ e. Suppl. Nutrition Assistance (SNAP)
☐ f. Subsidized housing
☐ g. Social Security Disability (SSDI)
☐ h. Other (specify): _____

Participant Name _____ _____ _____
Last **First** **Middle**

SSAI SCSEP Participant Form

OMB Approval Number: 1205-0040
Expiration Date: Not applicable

Fields marked with ◆ indicate a data validation field. **MIN = Most in Need Factor**

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See the SSAI Data Validation Checklist for further instructions.

Shaded areas indicate data fields that are optional.

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13. Employed prior to participation?

☐ i. Employed ☐ ii. Employed, but with notice of termination ☐ iii. Not employed◆

13iii ◆Definition & DV TIP

An individual employed on the date of participation is one who, on the date participation occurs:
- Did any work at all as a paid employee (except the individual is NOT considered employed if: a) he/she has received a notice of termination of employment or the employer has issued a Worker Adjustment and Retraining Notification (WARN) or other notice that the facility or enterprise will close; or b) he/she is currently on active military duty and has been provided with a firm date of separation from military service);
- Did any work at all in his/her own business, profession, or farm;
- Worked 15 hours or more as an unpaid worker in an enterprise operated by a member of the family; or
- Was not working, but has a job or business from which he/she was temporarily absent because of illness, bad weather, vacation, labor-management dispute, or personal reasons, whether or not paid by the employer for time off, and whether or not seeking another job.

Enter ii if the participant is a person who, although employed, has received notice of termination of employment.
Enter iii if the individual does not meet the definitions listed above, i.e., was not employed on the date of participation.
Since SCSEP participants are required to be unemployed at the point of enrollment, only those for whom you have recorded a iii are eligible to become participants.

Document used to verify (self or 3rd party attest form, government or business records, detailed case notes or other).

13a. Did applicant engage in volunteer work prior to participation? ☐ Yes ☐ No
If yes, total number of volunteer activities: _____

Formal volunteer work means activities or work that participants perform for a public agency of a State, local government, or intergovernmental agency, or for a charity or similar non-profit organization, for civic, charitable, or for humanitarian reasons and without expectation of compensation. **Informal volunteer work** is defined as volunteering that an individual performs on his or her own, not through an organization.

If the participant is engaged in **formal volunteer work** at any time in the 30 days prior to eligibility determination, then enter the total number of organizations for which the participant volunteered during that time. Count separate organizations, not jobs, within each organization. Exclude any instances of informal volunteering by the participant.

14. Total includable family income: ◆ 12-month or 6-month annualized (6 months x 2)
$_____ ◆ (This number must match the amount on your income worksheet.)

14 ◆DV TIP Documents used to verify (For zero income, self or 3rd party attest form documenting how participant supports himself. For income amounts, official documents and business records that establish includable income such as pay stubs, Social Security Award letters, pension statements, bank statements showing interest, earning statements from employers, other).

Participant Name _____ _____ _____ **Page 3**
Last **First** **Middle**

SSAI SCSEP Participant Form

OMB Approval Number: 1205-0040
Expiration Date: Not Applicable

Fields marked with ◆ indicate a data validation field. **MIN = Most in Need Factor**

You must secure acceptable validation documentation.
See the SSAI Data Validation Checklist for further instructions.

Shaded areas indicate data fields that are optional.

15. Family income at or below 100% of poverty level? ☐ Yes ☐ No

16. Formerly a participant in any SCSEP project? ☐ Yes ☐ No

17. *Transferred from another project? ☐ Yes ☐ No
If yes, specify prior grantee code: _____
Date of transfer: _____

17a. *Change of sub-grantee? ☐ Yes ☐ No
If yes, specify prior sub-grantee code: _____
Date of change: _____

Other Personal Characteristics and Information

18. Gender ☐ Male ☐ Female ☐ Did not voluntarily report

19. Ethnicity: Hispanic, Latino, or Spanish origin?

☐ Yes ☐ No ☐ Did not voluntarily report

20. Race (Check as many as apply)

☐ a. American Indian or Alaskan Native
☐ b. Asian
☐ c. Black, African American
☐ d. Native Hawaiian/Pacific Islander
☐ e. White
☐ f. Did not voluntarily report

21. Education _____ last grade completed (Select one code from following list)

00= no grade school
1-11 years of school
A11=completed 12 years of school but no HS diploma
12 = HS diploma
88=GED or certificate of equivalency for HS
13-15 years of school completed (1-3 years of college)
16=BA/BS or equivalent
17=education beyond a bachelor's degree
18=master's degree
19=doctoral degree
21=vocational/technical degree
22=associate's degree

*** No data entry in SPARQ. Field is system-generated**

SSAI SCSEP Participant Form

OMB Approval Number: 1205-0040
Expiration Date: Not applicable

Fields marked with ◆ indicate a data validation field. **MIN = Most in Need Factor**

You must secure acceptable validation documentation.
See the SSAI Data Validation Checklist for further instructions.

Shaded areas indicate data fields that are optional.

---

22. Limited English Proficiency (LEP) ◆ ☐ Yes (MIN) ☐ No
You can check "yes" only for those who speak a language other than English as their primary language.

22. ◆DV TIP
Document used to verify (self-attest form, standardized or literacy test results, detailed case notes, other)

23. If LEP, please specify primary language _____ (Select one code from following list)

10. Amharic	20. Hebrew	30. Mon-Khmer (Cambodian)	40. Spanish
11. Arabic	21. Hindi	31. Navajo	41. Tagalog
12. Armenian	22. Miao (Hmong)	32. Persian (including Dari)	42. Thai
13. Bosnian	23. Italian	33. Polish	43. Urdu
14. Cantonese (Yue)	24. Hungarian	34. Portuguese	44. Vietnamese
15. French	25. Ilocano	35. Punjabi	45. Yiddish
16. French Creole	26. Japanese	36. Russian	46. Other: _____
17. German	27. Korean	37. Samoan	
18. Greek	28. Laotian	38. Serbo-Croatian	
19. Gujarathi	29. Mandarin	39. Somali	

24. Low literacy skills? ☐ Yes◆(MIN) ☐ No
You can check "yes" only for those who speak English as their primary language.

24. ◆DV TIP
Document used to verify (self-attest form, standardized or literacy test results, detailed case notes, other)

SSAI SCSEP Participant Form

OMB Approval Number: 1205-0040
Expiration Date: Not Applicable

Fields marked with ◆ indicate a data validation field. **MIN = Most in Need Factor**

You must secure acceptable validation documentation.
See the SSAI Data Validation Checklist for further instructions.

Shaded areas indicate data fields that are optional.

---

25. Veteran (or eligible spouse of veteran)? ☐ a. Veteran ◆(MIN)

25. ◆Definition & DV TIP
A person who served in the active military, navy or air force who was not dishonorably discharged or released. Active service includes full-time duty in the National Guard or a Reserve component, other than full-time duty for training purposes.

Document used to verify (self-attest form, military discharge papers (DD-214), detailed case notes.

☐ b. Eligible spouse of veteran◆(MIN)

☐ c. Non-covered person

25. b ◆Definition & DV TIP
Someone who is married to a veteran who has a service-related total disability or died of one, is a member of the Armed Forces on active duty who has been listed for a total of more than 90 days as missing in action, captured in line of duty by a hostile force or forcibly detained or interned by a foreign government or power.

Document used to verify (self-attest form, military discharge papers (DD-214), detailed case notes.

If veteran, post-9/11 era veteran? ☐ Yes◆ ☐ No ◆

◆Definition & DV TIP
Post 9/11 Era Veterans are veterans who served in active military service on or after September 11, 2001, regardless of the length of service, excluding those who were discharged for other than honorable conditions.

Document used to verify (self-attest form, military discharge papers (DD-214), detailed case notes.

26. Disability?
- ☐ Yes, self-report
- ☐ Yes, documentation* ◆ (MIN)
- ☐ No
- ☐ Did not voluntarily report

26. ◆DV TIP
If an applicant is claiming disability for purposes of income eligibility (for a family of one), documentation is required. Acceptable documentation would include proof of a government disability determination. If no such formal determination has been made, you may accept a doctor's certification. If the applicant is not claiming disability for eligibility purposes, then disability is an equal opportunity (EO) item, and disclosure is voluntary. In that case, documentation is not required; however, without documentation, you will not receive credit in the most-in-need measure.

27. At risk of homelessness?

☐ Yes ◆(MIN) ☐ No

27. ◆Definition and DV TIP
An individual who is likely to become homeless and lacks the resources and support networks needed to obtain housing.

Documents used to verify (self-attestation form, eviction notice, detailed case notes, other).

SSAI SCSEP Participant Form

OMB Approval Number: 1205-0040
Expiration Date: Not applicable

Fields marked with ◆ indicate a data validation field. **MIN = Most in Need Factor**

You must secure acceptable validation documentation.
See the SSAI Data Validation Checklist for further instructions.

Shaded areas indicate data fields that are optional.

---

28. Displaced homemaker? ☐ Yes ☐ No

29. Failed to find employment after using WIA Title I? ☐ Yes◆ (MIN) ☐ No

29. ◆Definition and DV TIP
You must determine if the participant was officially enrolled in WIA to answer "yes" to this question. Check "yes" if the participant has a WIA case manager.

Document used to verify (self-attest form, WIA correspondence with participant, other WIA program document or detail case notes).

30. Low employment prospects? ☐ Yes◆ (MIN) ☐ No

30. ◆Definition and DV TIP
To check "yes," the participant must have one or more documented significant barriers to employment. The validation documentation must explain how the barrier(s) results in the participant having low employment prospects.

Document used to verify barriers (self-attest form, SSDI records, standardized or literacy test results, letter from shelter director, medical records, other)

31. Personal characteristics comments

Name of source of the information: _____

His/her phone number: _____

His/her organization and title or relationship to participant: _____

Name or initials of person making note: _____

Date the information was obtained: _____

Detailed Case Notes: _____

SSAI SCSEP Participant Form

OMB Approval Number: 1205-0040
Expiration Date: Not Applicable

Fields marked with ◆ indicate a data validation field. **MIN = Most in Need Factor**

You must secure acceptable validation documentation.
See the SSAI Data Validation Checklist for further instructions.

Shaded areas indicate data fields that are optional.

Certification

I hereby certify that the above information is true and accurate to the best of my knowledge and belief. I understand that if I intentionally provide inaccurate information, I may be terminated from the SCSEP program and may be subject to legal penalties.

32. Signature of applicant:◆ _____

32. ◆DV TIP
Signature must be obtained.

33. Date of signing:◆_____ (MM/DD/YYYY)

33. ◆DV TIP
This date must match what you input into SPARQ for this field.

Go to: Most-in Need (MIN) Re-Validation Form on page 28.

Eligibility Determination

34. ☐ Eligible ☐ Ineligible

35. If ineligible, reason (Check as many as apply)

☐ a. Age ☐ b. Income ☐ c. Residence outside of state
☐ d. Failed to complete application or provide required documentation
☐ e. Other (specify): _____

36. If ineligible, action taken (Check as many as apply)

☐ a. Referred to One-Stop
☐ b. Referred to social services
☐ c. Referred to another project
☐ d. Placed in unsubsidized employment pursuant to MOU
☐ e. Other (specify): _____

SSAI SCSEP Participant Form

OMB Approval Number: 1205-0040
Expiration Date: Not Applicable

Fields marked with ◆ indicate a data validation field. **MIN = Most in Need Factor**

You must secure acceptable validation documentation.
See the SSAI Data Validation Checklist for further instructions.

Shaded areas indicate data fields that are optional.

Enrollment Information

37. Placed on waiting list? ☐ Yes ☐ No

38. Community service assignment? ☐ Yes ☐ No

39. Grantee name: Senior Service America, Inc.

39a. County of authorized position: _____

40. Co-enrollments? (Check as many as apply)

☐ a. WIA ☐ b. Employment Service ☐ c. Adult Education
☐ d. College/Community College
☐ e. Other (specify): _____
☐ f. None

40a. Date of orientation: _____ (MM/DD/YYYY)

40b. Date of last physical or waiver: _____ (MM/DD/YYYY)

40c. Date of last IEP: _____ (MM/DD/YYYY)

40c. ◆DV TIP
Official subgrantee record, the last Reassessment, the last Transitional Assessment, the last Individual Employment Plan or the Initial Assessment if that is the recent activity; and the date on which they were conducted.

40d. Job interest codes: 1_____ 2 _____ 3_____

☐ 1. Art, Design, Entertainment, Sports, and Media
☐ 2. Business and Financial Operations
☐ 3. Community and Social Services
☐ 4. Computer and Mathematical
☐ 5. Construction, Installation, and Repair
☐ 6. Education, Training, and Library
☐ 7. Farming, Fishing, and Forestry
☐ 8. Food Preparation and Service
☐ 9. Healthcare
☐ 10. Legal
☐ 11. Maintenance and Custodial
☐ 12. Management
☐ 13. Office and Administrative Support
☐ 14. Personal Care and Service
☐ 15. Production, Assembly, Light Industrial
☐ 16. Protective Service
☐ 17. Retail, Sales, and Related
☐ 18. Self-Employment
☐ 19. Transportation and Material Moving

Fields marked with ◆ indicate a data validation field. **MIN = Most in Need Factor**

You must secure acceptable validation documentation.
See the SSAI Data Validation Checklist for further instructions.

Shaded areas indicate data fields that are optional.

---

41. Enrollment comments

Name of source of the information: _____

His/her phone number: _____

His/her organization and title or relationship to participant: _____

Name or initials of person making note: _____

Date the information was obtained: _____

Detailed Case Notes: _____

42. Signature of project director or authorized representative ◆

_____

Signature line

42. ◆DV TIP
Must be signed by staff authorized to make final eligibility.

43. Date of eligibility determination ◆_____ (MM/DD/YYYY) ◆

43. ◆DV TIP
This date must match what you input into SPARQ for this field.

RESOURCE(S):
- Current Data Validation Handbook
- Most-in-Need Characteristics Handbook
- SCSEP Policy & Procedure Manual

Senior Community Service Employment Program

Most-in Need (MIN) Re-Validation Form

Revised June 2016

Instructions:
- Appropriately file the completed form and the supporting documentation provided in the participant's file. *(except medical information)*
- MIN factors must be re-validated once during each program year in order for you and SSAI to get credit for the MIN performance measure.
- Enter the information from each completed MIN Form into the ***Recertification/Waiver of Durational Limit*** Tab in SPARQ to maintain MIN credit for the current program year.
- Must enter **YES or No** for each MIN characteristic in SPARQ.

Name of Subgrantee Caritas Family Solution

Subgrantee Number Site 063

Participant Name _____ _____ _____
First Middle Last

Date met with participant ____ / ____ / ____
MM DD YYYY

Check All Either "No" or "Yes"

1. Birth Date ____ / ____ / ____
MM DD YYYY

(available only to those who are 75 years or older on or before durational limit exit date)

☐ No ☐ Yes

List of document(s) used to verify:

2. Limited English-speaking ability
(available only to those who speak a language other than English as their primary language)

☐ No ☐ Yes

List of document(s) used to verify:

3. Low literacy skills
(available only to those who speak English as their primary language)

☐ No ☐ Yes

List of document(s) used to verify:

4. Old enough for but not receiving Social Security Title II

☐ No ☐ Yes

List of document(s) used to verify:

5. Severe disability

☐ No ☐ Yes

List of document(s) used to verify:

6. Frail

☐ No ☐ Yes

List of document(s) used to verify:

7. Severely limited employment prospects in an area of persistent unemployment
(two part MIN factor: participants must meet eligibility for both parts in order to apply)

a. Severely limited employment prospects

☐ No ☐ Yes

List of document(s) used to verify:

b. And lives in an area of persistent unemployment

☐ No ☐ Yes, as determined by USDOL
(refers to the Counties with Persistent Unemployment Report in SPARQ. No additional documentation needed)

FOR USE BY STAFF ONLY

_____
Interviewer's Signature & Title

_____
Project Staff (Final Review) Signature

Signature Date ____ / ____ / ____
MM DD YYYY

ALL IN ONE MOST-IN-NEED (MIN) SELF-ATTESTATION FORM

Name of Participant: _____

I attest that the information stated below is true and accurate to the best of my understanding, and understand that if any of the information provided below is false, it may be grounds for immediate termination from the SCSEP program. ***Check only those that apply***.

☐ **Homeless** — I lack a fixed, regular and adequate night-time residence because one of the following applies to me:

- ☐ I live in a shelter
- ☐ I live in transitional housing
- ☐ I live in a Welfare hotel
- ☐ I live in a temporary residence for individuals intending to be institutionalized; or
- ☐ I live in a place not designed or ordinarily used as regular sleeping accommodations for people.

**Automatically qualifies as Low Employment Prospects. Be sure to also check "Yes" to Q. #30 in SPARQ.*

☐ **Limited English Proficiency —** ☐ I do not speak English as my primary language, and ☐ I have limited ability to read, speak, write or understand English. My primary language is _____.

**Automatically qualifies as Low Employment Prospects. Be sure to also check "Yes" to Q. #30 in SPARQ.*

☐ **Low Literacy Skills —** One or more of the following is true:

- ☐ I compute or solve problems, read, write or speak at or below the 8th grade level;
- ☐ I am unable to compute or solve problems, read, write or speak at a level necessary to function on the job, in my family or in society.

**Automatically qualifies as Low Employment Prospects. Be sure to also check "Yes" to Q. #30 in SPARQ.*

☐ **Veteran or Qualified Spouse of Veteran** (only when DD-214 is pending for Veterans discharged after 1950) — One or more of the following is true:

☐ I served in the active _____ and was discharged or released from such service under conditions other than dishonorable.

☐ I was on full-time duty in the National Guard or a reserve component, other than full-time duty for training purposes, and was released from such duty with other than dishonorable discharge.

☐ I am or was the spouse of a member of the US armed forces and that spouse is listed in one or more of the following categories:

- ☐ Missing in action,
- ☐ Captured in the line of duty by a hostile force,
- ☐ Forcibly detained or interned in the line of duty by a foreign government or power,
- ☐ Has a total disability permanent in nature resulting from a service-connected disability as determined by the VA, or
- ☐ Died while a disability so evaluated was in existence.

☐ **Failed to find employment after I enrolled in WIOA career services** on _____ and have been unemployed since _____.

**Enrollment requires verification from WIOA*

☐ **At risk for Homelessness** — I have a real and imminent risk of homelessness because:

- ☐ I often borrow money to pay my rent/mortgage;
- ☐ My real estate taxes are unpaid or overdue;
- ☐ I am temporarily sharing space with a family member or friend;
- ☐ I have involuntarily moved several times in the last year;
- ☐ My credit history and background disqualifies me from most rental/lease agreements;
- ☐ I can't pay my rent/mortgage most months;
- ☐ I frequently have unpaid or overdue electric, gas or water bills;
- ☐ I have been evicted from a residence in the last 12 months;
- ☐ I have lived in a shelter during the past 12 months;
- ☐ My rent/mortgage is unpaid; or
- ☐ Other_____

☐ **Low Employment Prospects** because I have one or more of the following barriers:

- ☐ I lack a substantial employment history;
- ☐ I lack a high school diploma or equivalent;
- ☐ I have a documented disability; or
- ☐ I have a significant barrier as described here _____.
  One or more of these barriers has prevented me from finding employment because
  _____
  _____

☐ **Severely Limited Employment Prospects —** I reside in _____County and I have at least two of the following barriers:

- ☐ I lack substantial employment history,
- ☐ I lack a high school diploma or equivalent,
- ☐ I am homeless,
- ☐ I have a documented disability, or
- ☐ I have one or more significant barriers as described here: _____
  and one or more of these barriers has prevented me from finding employment because:
  _____
  _____

_____ _____

PARTICIPANT'S SIGNATURE PROJECT DIRECTOR'S SIGNATURE

_____ _____

DATE DATE

The information provided in this form will be used solely to determine your eligibility for the SSAI SCSEP program and is not intended for any other purpose. The information will be treated as confidential information.

FOR SCSEP STAFF ONLY:

CASE NOTES: _____

_____

See data validation handbook for any additional requirements to self-attest.

SCSEP Self-Attestation Form for Item P14
Total Includable Family Income (12-month or 6-month annualized)

On this date, I _____ (*Name of Applicant*), certify that my "family income" (the combined income of my current family members, including my parent, guardian, husband, wife, and/or dependent children, if applicable) was zero for the past

☐ six months ☐ twelve months

I have supported myself during this period of time as follows:

_____

Signature of Applicant

_____

Date

1. Please print this page.

2. Have your witness complete and sign it.

3. Bring it to the office when you come for your appointment.

SCSEP Family Size Statement Form

[Participant self-attestation of family size is not allowed]

The purpose of this document is to assist the SCSEP applicant/participant with officially documenting family size when no other documentation is available.

I (_____) swear and affirm that _____
(Witness name) **(Applicant/participant name)**

is a member of a family of _____ (see SSAI Policy and Procedure Manual Section 204-B, for more information
(insert # in family size)

on the definition of family size).

I have no monetary interest in the determination of _____'s family size; further
(Applicant/participant name)

_____ is not a member of my immediate family.
(Applicant/participant name)

My relationship to the applicant/participant is: ◯Landlord ◯Apt. Manager ◯Clergy ◯Case/Social Worker ◯Neighbor ◯Other, please specify: _____

Witness Signature: _____ Date: _____

Witness Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

For Project Staff Use Only:

_____ _____
Signature of Project Staff Date Received by Project

Record of Offer of Physical Examination
MM / DD

I, _____

Understand that, as a service to me, the SCSEP is offering to pay for all or part of the cost of a physical examination. The results of the examination are my property, to share with the project director only if I so choose. I also understand that there may be some assignments which under law require health certification, and that I may be excluded from these if I do not have a physical examination.

Under these conditions fully, I choose:

- ○ To have a physical examination; or
- ○ To waive a physical examination.

_____

(Signature of Participant)

_____

(Date)

_____

(Signature of Project Director)

_____

(Date)

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

INITIAL INDIVIDUAL EMPLOYMENT PLAN

EFFECTIVE JULY 1, 2015

Participant Name:	Date of the Assessment this IEP is based on:
Name of Host Agency/ Assignment Title:	Date of this IEP to be entered into SPARQ:
Long-Term Employment Goal(s):	Long-Term Education Goal(s):

SHORT-TERM SCSEP GOALS

GOAL(S)	ACTIVITIES TO ATTAIN GOALS	INITIATION DATE	EXPECTED COMPLETION DATE	CURRENTLY EXISTS OR DATE COMPLETED
I will prepare for **SCSEP**	Register with the local American Job Center (AJC) and provide the letter verifying that I have done so to SCSEP staff. Start to plan readiness to go to work. (e.g. scheduling appointments around work time, prepare to dedicate time and energy to working and training.)			/ **Date completed** / **Date completed**
I will update my **CONTACT INFORMATION**	Obtain a working phone with an answering machine or voice mail. Create a professional answering machine or voicemail message for missed calls. Create a professional email address and if applicable update resume with same email. Obtain and/or identify free access to a computer Establish and/or update a minimum of one online profile (Facebook, LinkedIn,) to make sure my public image is professional *(if applicable)*			/ **Date completed** / **Date completed** / **Date completed** / **Date completed** / **Date complete**
I will update my **SUPPORT NETWORK**	Create a network list of friends and business associates who I can call on for help with editing my resume, job leads, coaching, and other employment related assistance. Develop a list of references (co-workers, supervisors, people you have supervised, vendors, customers, etc.) who I am in contact with, who know my work well enough to be able to provide me with a strong employment reference.			/ **Date completed** / **Date completed**

ADDITIONAL EDUCATION TRAINING

Please refer to the **Education Basic Skills** column in Section 6 of the Initial Assessment to develop short-term goals and action steps for this section.

SMART GOAL(S)	SMART ACTION STEPS TO ATTAIN GOAL(S)	INITIATION DATE	EXPECTED COMPLETION DATE	ACTUAL COMPLETION DATE

COMMUNITY SERVICE ASSIGNMENT

Please refer to the **Job Keeping** column in Section 6 of the Initial Assessment to develop short-term goals and action steps for this section.

SMART GOAL(S)	SMART ACTION STEPS TO ATTAIN GOAL(S)	INITIATION DATE	EXPECTED COMPLETION DATE	ACTUAL COMPLETION DATE

JOB PREPARATION

Please refer to the **Job Preparation** column in section 6 of the Initial Assessment to develop short-term goals and action steps for this section.

SMART GOAL(S)	SMART ACTION STEPS TO ATTAIN GOAL(S)	INITIATION DATE	EXPECTED COMPLETION DATE	ACTUAL COMPLETION DATE

UNSUBSIDIZED EMPLOYMENT

Please refer to the **Initial Assessment** to develop new action steps related to a specific unsubsidized job.

SMART GOAL(S)	SMART ACTIVITIES TO ATTAIN GOAL(S)	INITIATION DATE	EXPECTED COMPLETION DATE	ACTUAL COMPLETION DATE

SUPPORTIVE SERVICES

Please refer to the **Supportive Services** section 5 of the Initial Assessment to develop new supportive service referrals

Additional Actions To Be Taken/Initiated			
Actions	**Resources**	**Initiation Date**	**Completion Date**

Please check any that apply:

Received referral/service from another source; Participant declined referral at this time; No referral resources available

No supportive needs at this time

AGREEMENT

This IEP is a plan, roadmap and skill building agreement that is designed to lead you to an unsubsidized placement. By signing below, the **Participant** and **SCSEP Project Director** agree with the outlined plan and understand the level of commitment needed to achieve the proposed goals. If at any time the participant breaks this contract, (s)he may be subject to termination from the SCSEP Program.

I understand that this plan will help me in obtaining unsubsidized employment through my community service assignment and training received at host agency. I have assisted in the completion of my Individual Employment Plan (IEP) and I agree with the listed steps to be completed. I also understand that failure to follow through on this plan may result in disciplinary action, up to and including termination from the program.

Participant Signature Date

Project Director/ Staff Signature_____ Date_____

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

INITIAL ASSESSMENT

EFFECTIVE JULY 1, 2015

SECTION 1: GENERAL INFORMATION

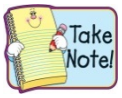
Participant Name: _____ **Date of Initial Assessment:** _____

1. How did you hear about the SCSEP Program?

☐ **Newspaper** ☐ **Flyer** ☐ **Friend** ☐ **Word of Mouth** ☐ **Other** _____

2. What are you hoping for this program to provide for you?

☐ **Some Financial Stability** ☐ **Socialization** ☐ **Training in new area** ☐ **Improve Computer Skills** ☐ **Other**



The Senior Community Service Employment Program (SCSEP) is a program administered by the Department of Labor that serves unemployed low-income persons who are 55 years of age and older and who have poor employment prospects by training them in part-time community service assignments and by assisting them in developing skills and experience to facilitate their transition to unsubsidized employment. **Participant Initial here** _____

SECTION 2: WORK HISTORY

Please complete the following work history beginning with your most recent employer.

MOST RECENT EMPLOYER		Select all that apply	Start Date	
JOB TITLE		☐ Paid	End Date	
DUTIES/SKILLS		☐ Unpaid ☐ Volunteer ☐ Military ☐ Homemaker	Reason for Leaving: Rate of Pay/Wages: Hours per week:	
EMPLOYER		Select all that apply	Start Date	
JOB TITLE		☐ Paid	End Date	
DUTIES/SKILLS		☐ Unpaid ☐ Volunteer ☐ Military ☐ Homemaker	Reason for Leaving: Rate of Pay/Wages: Hours per week:	
EMPLOYER		Select all that apply	Start Date	
JOB TITLE		☐ Paid	End Date	
DUTIES/SKILLS		☐ Unpaid ☐ Volunteer ☐ Military ☐ Homemaker	Reason for Leaving: Rate of Pay/Wages: Hours per week:	

Attach a copy of the individual's resume or refer to the American Job Center or available services for assistance in developing one.

1. Which of your previous jobs did you enjoy most? _____ Why? _____
2. Would you consider doing the same type of work again? ☐ YES ☐ NO

   Why or Why not? _____
3. How many minutes or miles are you willing to travel to a job? _____
4. What have you been doing to find a job in the past year? _____
5. What type of job have you been looking for in the past year? _____
6. How long have you been out of work? _____
7. How long have you been looking for a job? _____
8. What kind of volunteer activities have you done in the last 30 days: _____
9. During the past year, have you worked with or been assisted by any other workforce development agency?

   _____
10. Do you have any Talents/Hobbies you didn't already mention? If so, what are they: _____

SECTION 3: EDUCATION AND TRAINING HISTORY

Select the highest level of education completed, field of study and date completed:

Level of Education			
☐ GED or ☐ H.S Diploma Date Received _____ ☐ Other, Indicate grade level completed _____	☐ Associates	☐ Bachelors	☐ Masters
Date Completed			
Field of Study			

1. Do you have any job-related licenses or skills certifications? (e.g. LPN, welding, nurse aide, cosmetology, etc…)

   _____
2. Are you currently attending school, training, or any educational classes? _____

   If so, What? _____ and Where? _____

SECTION 4: OCCUPATIONAL PREFERENCES

1. If you could get more training and instruction, what would be your perfect position?

   _____
2. Which of these work–related items are most important to you in a job right now? (Choose your top 3)

☐ Indoors	☐ Outdoors	☐ Small office	☐ Large office	☐ Wages
☐ Lots of people	☐ Few people	☐ Busy	☐ Quiet	☐ Benefits
☐ Work in a team	☐ Work alone	☐ None	☐ Time and distance it takes to get to work	

3. Do you like working with **numbers and information?** This includes factual information, number specifications, research or data based information, codes, measurements, etc. **Examples** of this type of job may include accountant, bookkeeper, credit reporter, purchaser, claims adjuster, **cashier**, writing, filing, typing etc. ☐ Yes, Explain ☐ No, Explain

4. Do you like working with **people?** This includes working directly with people or helping people. **Examples** of this type of job may include: **health care/social worker**, teacher, **nurse**, policeman, waitress, **receptionist**, etc. ☐ Yes, Explain ☐ No, explain

5. Do you like working with **things?** This includes working with machinery, office equipment, shovels, tools, trucks, etc. **Examples** of this type of job may include **construction trades**, air conditioning and heating technicians, auto mechanics, auto body repairers, electricians, welders, truck drivers, **computer repairers**, machinist, general labors, **janitorial, custodian**, maintenance jobs etc. ☐ Yes, Explain ☐ No, Explain

Section 5: SUPPORTIVE SERVICE NEEDS CHECKLIST

Please use the checklist below to identify any other needs you have at this time:

Transportation
- ☐ Get a valid driver's license
- ☐ Get auto insurance, registration etc.
- ☐ Get access to a working vehicle
- ☐ Get help with gas money
- ☐ Get help with public transportation

Job Readiness/Job Search
- ☐ Get access to a computer or printer at home
- ☐ Get internet access and an email address
- ☐ Learn how to use a computer
- ☐ Get access to a working answering machine or voice mail
- ☐ Get a working cell phone
- ☐ Develop a resume and cover letter
- ☐ Learn to search for a job
- ☐ Get proper interview clothing

Housing
- ☐ Need basic essentials (food, clothing)
- ☐ I want to live in my own place
- ☐ Pay past due utilities
- ☐ Get a telephone
- ☐ Past due rent/Mortgage
- ☐ Rent will increase

Health
- ☐ Get an eye exam/eye glasses
- ☐ Reduce alcohol use
- ☐ Reduce drug use
- ☐ Get my teeth fixed, go to a dentist
- ☐ Get personal grooming/hygiene items (make-up, toothpaste, soap, deodorant, etc.)
- ☐ Need special accommodation due to:
  - ☐ Cannot lift over _____ pounds
  - ☐ Cannot sit or stand for long periods

Other: _____

Personal/Family
- ☐ Develop confidence
- ☐ Spend more time with others
- ☐ Feel less frustrated, angry or confused
- ☐ Get counseling for loss of a loved one
- ☐ Learn money management skills
- ☐ Pay family bills/debts
- ☐ Needs for child/family care
- ☐ Resolve/learn to address prior felonies or convictions

Other
- ☐ SCSEP wages will decrease other benefits
- ☐ Other Needs: _____

- ☐ Received referral/service from another source
- ☐ Participant declined referral at this time
- ☐ No referral resources available
- ☐ No supportive needs at this time

AGREEMENT

I agree that I have been an active participant in this assessment process. The information I gave for this assessment is true and correct.

_____ _____
Participant Signature Date

_____
Project Director/Staff Signature Date

Continue to the SCSEP Self-Attestation Form on Page 43.

FOR USE BY **SCSEP STAFF ONLY** BEYOND THIS POINT

This section of the participant's Initial Assessment is designed to allow you-SCSEP staff the opportunity to reflect on the information you have collected to better assign the participant to a Host agency that will provide the training and guidance best suited for this participant and centered on their best experience with the SCSEP program through the development of their Individual Employment Plan.

Section 6: OCCUPATIONAL SKILLS ASSESSMENT

EDUCATION (BASIC SKILLS)	JOB KEEPING	JOB PREPARATION
☐ *Does not have diploma or GED* ☐ *Does not speak English fluently* ☐ *Has Low Literacy Skills, unable to compute or solve problems, read, write, or speak at or above the 8th grade* ☐ *Unable to compute or solve problems, read, write or speak at a level necessary function on the job, with family or in society.* ☐ Other_____	☐ *Has not worked full-time (32+ hours a week) for at least ninety (90) days with one employer in the past year. (Ref: Employment History)* ☐ *Has been fired from a job.* ☐ *Has had problems with supervisors/co-workers in past.* ☐ *Personal problems have interfered with employment in past. (potentially related to substance, mental health and/or behavioral issues)* ☐ Other_____	☐ *Does not have a computer or printer at home* ☐ *Does not have internet access or an email address* ☐ *Does not know how to use a computer* ☐ *Does not have a working answering machine or voice mail* ☐ *Does not have a cell phone* ☐ *Does not have a resume and cover letter* ☐ *Has not searched for a job in several years* ☐ *Has a history of underemployment in the last 10 years.* ☐ *Other*_____
Total of 1 or more checks indicates need for ***ADDITIONAL EDUCATION TRAINING. INDICATE TRAINING NEEDED ON THE ADDITIONAL EDUCATION TRAINING SECTION OF THE IEP.***	*Total of 1 or more checks indicates need for* ***PARTICIPANT TO DEVELOP JOB KEEPING SKILLS AT THE COMMUNITY SERVICE ASSIGNMENT IN THE CSA SECTION OF THE IEP***	*Total of 1 or more checks indicates need to* ***COMPLETE TASKS FOR JOB PREPARATION SKILLS OF THE INITIAL IEP***

Remember to transfer and develop goals for checked items on the Initial IEP.

Section 7: APTITUDE

PLEASE STAPLE A COMPLETED APTITUDE TEST TO THE ASSESSMENT. YOU MAY USE THE SAME FORMS YOU CURRENTLY USE OR THE FORMS RECOMMENDED BY SSAI.

Section 8: OVERALL ASSESSMENT

AFTER THE INITIAL ASSESSMENT INTERVIEW IS DONE, COMPLETE THIS SECTION AND MAKE CASE NOTES AS NEEDED ON THE ATTACHED CASE NOTE FORM.

Job Readiness Skills	Excellent	Good	Fair	Needs Improvement	Unable to Assess/ Re-Assessment Job Readiness Skills Month/Year
Participant's current potential for performing at an assigned community service agency.	☐	☐	☐	☐	☐ / Date_____
Participant's current potential for transitioning to unsubsidized employment.	☐	☐	☐	☐	☐ / Date_____

Identify three possible community service assignments based on the participant's preferences and potential employment goals.

1) _____ 2)_____ 3)_____

NEXT REASSESSMENT and/or IEP APPOINTMENT:_____

Schedule the next appointment and add to your calendar to assure follow-up.

Grantees may not use SCSEP for job ready individuals who only need job search assistance or job referral services.
A Job Ready individual will have all three of the following criteria:

- ☐ **Hard** and **Soft skills** to do the job
- ☐ **Motivation**
- ☐ **Life Situation** is conducive to work (reliable transportation, health etc.)

STOP If all Job Ready criterion are met, this participant is not eligible for SCSEP. Please refer to the American Job Center! DO NOT ENROLL.

CASE NOTE

On _____, SCSEP staff obtained the following information:_____
(Date)

_____

_____

_____

_____
SCSEP Staff name/Date of event and/or date recorded

_____	_____	_____
Source of Information	Title or Relationship and phone number	Date information obtained

SCSEP Self-Attestation Form for Item P13 — Employed Prior to Participation?

On this date, I, _____, certify
(Name of Applicant/Participant)

I am not employed, that is:

- ☐ I do not do any work at all as a paid employee; **and**
- ☐ I do not do any work at all in my own business, profession, or farm; **and**
- ☐ I do not work 15 hours or more as an unpaid worker in an enterprise operated by a member of my family; **and**
- ☐ I do not have a job or business from which I was temporarily absent because of illness, bad weather, vacation, labor-management dispute, or personal reasons.

_____ Applicant's/Participant's Signature

_____ Date

Employee Direct Deposit Form

Employee Instructions

1. Complete the employee required information section.
2. Complete the Direct Deposit section to specify where you want your paycheck deposited.
3. Complete the Account and Bank Inforrmation Section to specify which account you want your paycheck to be deposited.
4. Sign the bottom of the form. (Forms will not be processed without signatures.)
5. Return form to payroll. Payroll will provide you a copy.

EMPLOYEE-Required Information

Please Print
Employee Name: _____ Social Security Number: ____ - ____ - ____

Complete for DIRECT DEPOSIT

☐ I would like my wages/salary deposited to the bank account attached.

☐ Checking
Bank Name: _____
(Attach only a void check, bank fetter, or specification sheet. No deposit tickets allowed.)

☐ Savings
Bank Name: _____
(Attach only a bank letter or specification sheet. No deposit tickets allowed.)

I wish to deposit (check one):
☐ Entire Net Pay
☐ _____% of Net
☐ Specific Dollar Amount _____

I wish to deposit (check one):
☐ Entire Net Pay
☐ _____% of Net
☐ Specific Dollar Amount _____

Complete ACCOUNT NUMBERS AND BANK INFORMATION FOR DIRECT DEPOSIT

	Checking or Savings		Account#	Bank/Transit/ABA Routing Number
1)	☐	or ☐		
2)	☐	or ☐		
3)	☐	or ☐		
4)	☐	or ☐		

AUTHORIZATION

I hereby authorize my employer, Caritas Family Solutions (hereinafter Agency) to deposit any amounts owed to me by initiating credit entries *to* my account at the financial institution (hereafter bank) indicated above. Further, I authorize BANK to accept and to credft any credit entries indicated by AGENCY to my account. In the event that AGENCY deposits funds erroneously into my account, I authorize AGENCY to debit my account for an amount not to exceed the original amount of the erroneous credit. For my convenience, I request that PAYCOR directly deposit my wages/salary earned from my employer, into my bank account. I authorize PAYCOR to charge my account to recover funds erroneously credited to my account. I agree to hold PAYCOR harmless from loss and to indemnify it, limited to the amount of the deposit. Any dispute arising out of or in connection with this agreement, if not otherwise resolved, shall be determined by arbitration selected by AGENCY and in accordance with the Rules of the State of Illinois. This authorization is to remain in full force and effect until AGENCY and BANK have received written notice from me of its termination is such time and such manner as to afford AGENCY and BANK a reasonable opportunity to act on it.

Employee Signature _____ **Date:** _____

These are additional forms that you, the SCSEP Staff, and your Host Agency will use in your duration in our program.

Senior Community Service Employment Program

COMMUNITY SERVICE ASSIGNMENT EVALUATION FORM

Participant Name: _____ Payroll #: _____

Evaluation Period: _____

Title: _____ Date: _____

Instructions: This evaluation form is to be completed by the participant's immediate Host Agency Supervisor 30 days after the start of the training assignment. Please return to Caritas Family Solutions SCSEP within 5 business days of receipt.

Participant Evaluation

Participant Name	Host Agency	Host Agency Supervisor
Training/Job Title	**Length of Time in Assignment**	

Criteria	Outcome	Comments
The participant arrives to work as scheduled and has good work ethic.	☐ Above Average ☐ Average ☐ Below Average ☐ N/A=Not Applicable	
The participant Is dependable and is eager to learn training activities.	☐ Above Average ☐ Average ☐ Below Average ☐ N/A=Not Applicable	
The participant is well-groomed and dressed appropriately.	☐ Above Average ☐ Average ☐ Below Average ☐ N/A=Not Applicable	

Participant Evaluation Cont.

The participant is effective in meeting the goals of the community service assignment	☐ Above Average ☐ Average ☐ Below Average ☐ N/A=Not Applicable	
The participant works well with others and is a good team player.	☐ Above Average ☐ Average ☐ Below Average ☐ N/A=Not Applicable	
The participant has developed a good understanding of the tasks specified on their Community Services Assignment Description--CSAD	☐ Above Average ☐ Average ☐ Below Average ☐ N/A=Not Applicable	
Areas that need improvement:		

A. **PARTICIPANT COMMENTS:**

B. **Community Service Assignment DESCRIPTION REVIEW SECTION:** (Please check the appropriate box.)

○ Participant Community Service Assignment Description has been reviewed during this evaluation and no changes have been made to the On-The-Job Experience (OJE) Description at this time.

○ Participant Community Service Assignment Description has been reviewed during this evaluation and modifications have been proposed to the Community Service Assignment Description. The modified Community Service Assignment Description is attached to this evaluation.

C. **WHAT MIGHT THE ENROLLEE IMPROVE TO BECOME MORE EMPLOYABLE:**

❒ No Improvement Needed
❒ Dress
❒ Punctuality
❒ Communication Skills
❒ Attendance
❒ Attention to Detail
❒ Attitude
❒ Computer Skills Training
❒ Other_____

D. **WILL YOUR AGENCY CONSIDER HIRING THIS ENROLLEE:** (Please check the appropriate box.)

❒ Yes ❒ No ❒ Maybe

Explain:

E. **SIGNATURES:**

Participant _____ Date _____

(Signature does not necessarily denote agreement with official review and means only that the participant was given the opportunity to discuss the official review with the supervisor.)

Evaluated by _____ Date _____

Reviewed by _____ Date _____

[The Senior Community Service Employment Program (SCSEP) at Caritas provides low-income persons, age 55 and over the opportunity to prepare for and return to the labor force. Through a special program with the Department of Labor (DOL) and the SCSEP / Caritas Family Solutions provides both community services and work-based training. Participants work an average of 20 hours per week, and are paid the highest of federal, state or local minimum wage. They are placed in a wide variety of community service activities at non-profit institutions throughout Southern Illinois.]

SENIOR COMMUNITY EMPLOYMENT PROGRAM (SCSEP)
JOB SEARCH

SCSEP JOB SEARCH FOR **AS OF:**

Date Applied:

Job Applied For:

Company Name:

Company Address:

Company City:

Company State:

Company Zip Code:

Phone Number:

Interviewed?

Interviewed By:

Notes:

SCSEP Time Sheet

Caritas Family Solutions

Phone: 618-688-1180 Fax: 618-688-1181

Participant: _____ **Payroll #:** _____

Assignment Title: _____ **Hourly Rate:** _____

Name of Host Agency: _____

Payroll Period Beginning Date: _____ **Ending Date:** _____

Date MM / DD	Community Service Hours Worked Start H:MM End H:MM	Offsite Meeting Hours	Host Agency Training Hours	Total Hours	Host Agency Supervisor Hours/Day
				0.0	
				0.0	
				0.0	
				0.0	
				0.0	
				0.0	
				0.0	
Week1 Totals		0.0	0.00	0.00	0.0
				0.0	
				0.0	
				0.0	
				0.0	
				0.0	
				0.0	
				0.0	
Week 2 Totals		0.0	0.00	0.00	0.0
Total		0.0	0.00	0.00	0.0

The undersigned hereby certifies that the reporting information is correct for the payroll period indicated.

I. _____ _____

Participant Signature Date

Supervision hours 0.0 x wage $ _____ = Total in-kind cost of $0.00 (Where applicable) I hereby certify that: (i) this report is true in all aspects: (ii) the in-kind contributions are from non-federal sources; and (iii) these contributions have not been claimed on any other federal program.

II. _____ _____

Host Agency Supervisor Signature Date

Note:

For Sponsor Use Only

Total hours for pay this period 0.0

Payment approved by _____

Signature of Project Director or Sponsor's Designee

Due on the last day worked for current pay period. Do not mail. If faxed, call to verify timesheet has been received. Can also be scanned and emailed to SCSEP@caritasfamily.org

CARITAS
FAMILY SOLUTIONS

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)
CASE MANAGEMENT NOTE FORM

(This form cannot be used as / is not an acceptable Self-Attestation Form)

Date of Case Note:

Participant's Name:

Payroll Number:

Phone Number:

Name of Host Agency:

Preparer's Name:

Detailed Case Note:

Host Agency Monitoring Form

Host Agency: _____

Date: _____ **Monitor:** _____

Participant Monitored	Community Service Assignment Title

Changes in Assignment Duties: _____

Assignment Days	MM / DD	End Time (HH:MM)

Training Received/Desired: _____

Problems/Achievements: _____

Workplace Safety: _____

Host Agency Supervisor(s) Interviewed:

Name(s): _____

Participant Problems/Achievements: _____

Unsubsidized Placement Possibilities: _____

Other Issues: _____

You will initial and sign the remaining pages in the SCSEP Office.

I have received a copy of the Senior Service America, Inc. / Caritas Family Solutions Senior Community Service Employment Program (SCSEP) Participant & Host Agency Handbook that includes information on:

- What is the Caritas Family Solutions SCSEP
- Participant's Responsibilities
- Program Services
- Training Assignments
- Safety and Accident Reporting
- Payroll and Timesheets
- Policy
    - Drugs and weapons in the Workplace
    - Approved Break
    - Durational Limits
    - Involuntary Termination Policy
    - Non-Discrimination & Grievance Policy & Procedures
- Holiday Policy
- Political Activity
- Federal Regulations

In addition, I understand the Program Manager is available to discuss any questions or concerns that may come up in the future.

Gary D. Woods, Program Manager
Office Phone: (618) 688-1180
Direct Phone: (618) 688-1127

_____

Participant Signature Date

_____

Project Manager Signature Date

SCSEP PROGRAM REQUIREMENTS CHECKLIST

The purpose of the SCSEP is to provide part-time training while I actively seek unsubsidized employment in order to graduate from the program. SCSEP is not a permanent job. This program does not have the funding to serve everyone who is eligible, and this program does not have the ability to serve those with no reliable transportation or those who do not wish to find a job off the program. _____ (Initials)

If I am determined eligible and enroll, and/or when I get a job off the program, I understand that I may lose all or part of those public benefits I now receive. These benefits may include: Public Housing, Food Stamps (TANF), SSI/SSD, Medicaid, and Unemployment. _____ (Initials)

1. I acknowledge that if I am found eligible and enroll and/or when I find unsubsidized employment that I may lose all or part of the benefits noted above. _____ (Initials)

2. I agree—even if I may lose benefits—that if I am enrolled I will cooperate with the Program Manager/Project Office Staff by:
   - Accepting referrals and interviews for unsubsidized jobs. _____ (Initials)
   - Conducting an ongoing search for unsubsidized employment as specified in my IEP and as directed by the Program Manager/Project Office Staff. _____ (Initials)
   - Accepting regular transfers of my host agency assignments as necessary to further my training and work experience. _____ (Initials)
   - Maintaining registration with the One Stop Employment Service Center. _____ (Initials)
   - Attending job search training, participant meetings, etc. when required by the Project Office, and to engage in continuing unsubsidized job search activities. _____ (Initials)

3. SCSEP is a short-term, work-training program usually lasting months, not years, which helps to prepare participants for unsubsidized employment. SCSEP participants are considered to be in temporary, training status, preparing to accept unsubsidized employment off of the program. The program is not an entitlement, nor is it designed to provide income maintenance. I acknowledge that training with the Host Agency is NOT a job, and if I am enrolled, I am not an employee of either Caritas Family Solutions or the Host Agency to which I am assigned. _____ (Initials)

4. SCSEP is a federally grant funded, Department of Labor (DOL) work-training program; to which, participants do not pay into unemployment. Therefore, when leaving the program, participants are not eligible for unemployment benefits. _____ (Initials)

5. I may not volunteer time at my Training Assignment, and I will not be paid for any time that was not authorized or that was performed outside of my work-training schedule. In addition, the Training Provider (Host Agency) may request my removal anytime my behavior, attendance, attitude, or aptitude proves detrimental to the agency or SCSEP. _____ (Initials)

SCSEP PROGRAM REQUIREMENTS CHECKLIST (Continued)

6. The Program Manager may change my enrollment status or terminate my work training Host Agency assignment at any time. Participants complete a skills assessment and an *Individual Employment Plan (IEP)* upon enrollment. Based on the needs of Caritas Family Solutions SCSEP, I could be transferred from one work-training assignment to another to broaden my experience and better prepare me for an unsubsidized job off of this program or to make adjustments to the program as required by funding. The number of transfers, length of training assignments, and the location of my assignment are based on my status and progress in the program AND the needs of the program for ongoing support. I should not compare my progress, transfers, and tenure on the program with anyone else. _____ (Initials)

7. Caritas Family Solutions SCSEP reserves the right to set participant training hours based on the budget available and other program considerations in the county where the participant is assigned. This may result in cases where less than 20 hours per week is available. _____ (Initials)

8. Do you own a vehicle? If yes, my initials attest to having both a valid driver's license and valid auto insurance. If no, please indicate with N/A. _____ (Initials)

9. At the time of participation, I am not employed, i.e.:
   - I do not do any work at all as a paid employee. _____ (Initials)
   - I do not do any work at all in my own business, profession, or farm. _____ (Initials)
   - I do not do any work 15 hours or more as an unpaid worker in an enterprise operated by a member of my family. _____ (Initials)
   - I do not have a job or business from which I was temporarily absent because of illness, bad weather, vacation, labor-management dispute, or personal reasons. _____ (Initials)

10. Caritas Family Solutions SCSEP may change participant benefits and guidelines at any time, and reduce my hours if necessary due to budgetary constraints. _____ (Initials)

11. My enrollment in the SCSEP is based on a number of things, including my continuing eligibility, satisfactory performance of my work-training assignments; suitable transportation that allows me to accept training and an unsubsidized job at locations throughout my community; and my willingness to actively cooperate in the job search process as spelled out in my IEP and directed by the Program Manager and/or Project Office Staff. If information I provided to meet the programs' eligibility is inaccurate, I may be subject to immediate dismissal. _____ (Initials)

12. I understand that enrollment in the SCSEP is normally months, not years. Under most circumstances a participant will have taken advantage of all the resources and services in this program after two or three training assignments and should be well on his/her way to finding unsubsidized employment off the program. Given Caritas Family Solutions SCSEP's limited funding and the number of eligible individuals who need our help, Caritas Family Solutions SCSEP cannot keep individuals on the program who have exhausted all resources. _____ (Initials)

SCSEP PROGRAM REQUIREMENTS CHECKLIST (Continued)

13. While not a condition of enrollment, it is expected that participants will maintain a bank account and utilize the program's direct deposit service. _____ (Initials)

14. I agree to provide Caritas Family Solutions SCSEP all my employment information, once I have secured an unsubsidized job, no matter how the job was obtained. _____ (Initials)

15. I agree to allow the release of information about my enrollment, assignments, employment status and wages while enrolled or for up to a year after leaving the program for reporting or program promotion purposes. _____ (Initials)

16. I grant Caritas Family Solutions SCSEP permission to video tape and take photographs of (Print Participant Name) _____ and to use said photos on Caritas Family Solutions SCSEP's website, facebook page, and other social media and news media outlets as part of promoting Caritas Family Solutions SCSEP. _____ (Initials)

17. I understand that as part of my enrollment I may be asked to complete a Customer Satisfaction Survey. I agree I will complete this survey and submit it in a timely manner if asked. _____ (Initials)

18. As part of my enrollment, I may be asked/directed to attend meetings, conduct job searches or come into the Project Office. Because of our limited resources, the Project Office is not responsible for payment for mileage or transportation to such meetings. _____ (Initials)

19. Your application/enrollment process is not complete until you have completed your first day of training at your new training assignment. You will not be paid for any part of the application or enrollment process unless and until you have completed this first day of training. You will then be paid for all time spent previously during the application/enrollment process. _____ (Initials)

20. I commit to conducting myself in a manner consistent with the highest standard of job responsibility that maintains Caritas Family Solutions SCSEP's reputation in the community. _____ (Initials)

By signing this document, I acknowledge my understanding of the purposes of this program. If the program has vacancies, if I am found eligible, and if the program has the ability to meet my needs, I will be enrolled. If enrolled, I will receive the *SCSEP Participant Handbook* and orientation to the SCSEP. I will be provided with a copy of the *Community Service Assignment Description* for my training assignment. If enrolled, by signing I agree to comply with all policies and procedures of the SCSEP. I further understand that failure to comply with the terms of this agreement at any time during my time on the program could put my enrollment at risk and may result in my separation from the program.

_____ _____

Participant Signature **Date**

_____ _____

Program Manager **Date**

Record of Participant Orientation

My signature below is acknowledgment that the following matters concerning my enrollment as a participant in the SCSEP Program have been fully explained to my satisfaction:

	Goals of SSAI SCSEP
	Goals of the SCSEP and of the sponsor organization
	Available supportive services
	Physical exam offer
	Training opportunities
	SCSEP participant meetings
	Obligation to seek unsubsidized employment, including applying for jobs at host agency and registering with the One-Stop Career Center
	Post enrollment and unsubsidized information to be collected (Release Form to be given to participant)
	Community Service Assignment Description
	DOL mandated Participant Customer Satisfaction surveys
	Privacy Act of 1974 (copy of Statement to be given to the participant)
	Hours of community service
	Wage rate / required benefits
	Submission of timesheets, schedule and method of payment of wages
	Procedures for complaint resolution
	Procedures for reporting assignment-related accidents
	Travel reimbursement, if applicable
	Durational limit on SCSEP participation
	Rotation policy for community service assignment
	Obligation to report any change in income or family size that may affect eligibility
	Drug-free work place policy
	Reasons for termination (including IEP termination)
	Allowable and unallowable political activities

Further, I have been given a copy of the sponsor's SCSEP participant policies and a copy of my community service assignment description.

_____ _____

(Signature of Participant) (Date)

Please record this Orientation on the "Participant Information Tool"